

Fill in this information to identify your case and this filing:

Debtor 1	<u>Michele</u>	<u>Katrina</u>	<u>Banks</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Northern</u>		District of <u>Texas</u>
Case number	<u>25-40104-ELM-13</u>		

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☒ No. Go to Part 2.
☐ Yes. Where is the property?

1.1 _____
Street address, if available, or other description

City State ZIP Code

County

What is the property? Check all that apply.

- ☐ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other _____

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? _____

Current value of the portion you own? _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known. _____

☐ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here



\$0.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. **Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

- ☐ No
☒ Yes

3.1 Make: Dodge Who has an interest in the property? Check one.Model: Charger SXTYear: 2019Approximate mileage: 95000

Other information:

VIN: 2C3CDXBG9KH656866

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☒ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$6,800.00

Current value of the portion you own?

\$6,800.004. **Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories***Examples:* Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No
☐ Yes

4.1 Make: _____ Who has an interest in the property? Check one.

Model: _____

Year: _____

Other information:

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here

\$6,800.00**Part 3:** Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. **Household goods and furnishings***Examples:* Major appliances, furniture, linens, china, kitchenware

- ☐ No
☒ Yes. Describe.

Household goods and furnishings

Kitchen Items

\$350.007. **Electronics***Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

- ☐ No
☒ Yes. Describe.

Electronics

\$50.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No☐ Yes. Describe.**9. Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No☐ Yes. Describe.**10. Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☐ No☒ Yes. Describe.**Firearm****\$400.00****11. Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No☒ Yes. Describe.**Clothes, Shoes, Accessories****\$250.00****12. Jewelry**

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☒ No☐ Yes. Describe.**13. Non-farm animals**

Examples: Dogs, cats, birds, horses

☐ No☒ Yes. Describe.**Dog****\$10.00****14. Any other personal and household items you did not already list, including any health aids you did not list**☒ No☐ Yes. Give specific information.**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here****\$1,060.00****Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?**Current value of the
portion you own?**
Do not deduct secured
claims or exemptions.**16. Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition☐ No☒ Yes Cash: **\$9.00****17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.☐ No☒ Yes

Institution name:

17.1. Checking account:	Bank of America	\$10.00
17.2. Checking account:	Bank Ozark	\$100.00
17.3. Checking account:	MeriTrust Credit Union	\$0.05
17.4. Checking account:	Wells Fargo	\$10.00

18. Bonds, mutual funds, or publicly traded stocks*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts☒ No☐ Yes Institution or issuer name:

_____	_____
_____	_____
_____	_____

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture☐ No☒ Yes. Give specific
information about
them.....

Name of entity:

% of ownership:

Industry Mixx Innovations	100.00%	\$1.00
Starr Wrapz & Customs	100.00%	\$1.00

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No☐ Yes. Give specific
information about
them.....

Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☒ No☐ Yes. List each
account separately.

Type of account:

Institution name:

401(k) or similar plan:

Pension plan:

IRA:

Retirement account:

Keogh:

Additional account:

Additional account:

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No☐ Yes

Institution name or individual:

Electric:

Gas:

Heating oil:

Security deposit on rental unit:

Prepaid rent:

Telephone:

Water:

Rented furniture:

Other:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes Issuer name and description:

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No☐ Yes Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit☒ No☐ Yes. Give specific information about them. ...

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26. Patents, copyrights, trademarks, trade secrets, and other intellectual property*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements☒ No☐ Yes. Give specific information about them. ...

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27. Licenses, franchises, and other general intangibles*Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses☒ No☐ Yes. Give specific information about them. ...

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Money or property owed to you?**Current value of the portion you own?**
Do not deduct secured claims or exemptions.**28. Tax refunds owed to you**☒ No☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.

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Federal:

State:

Local:

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No☐ Yes. Give specific information.

Alimony:

Maintenance:

Support:

Divorce settlement:

Property settlement:

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No☐ Yes. Give specific information.**31. Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☒ No☐ Yes. Name the insurance company of each policy and list its value. ...

Company name:

Beneficiary:

Surrender or refund value:

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No☐ Yes. Give specific information.**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

☒ No☐ Yes. Describe each claim.**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**☒ No☐ Yes. Describe each claim.

35. Any financial assets you did not already list

☒ No☐ Yes. Give specific information.

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here

**\$131.05****Part 5:** Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

☐ No. Go to Part 6.☒ Yes. Go to line 38.**Current value of the
portion you own?**
Do not deduct secured
claims or exemptions.

38. Accounts receivable or commissions you already earned

☒ No☐ Yes. Describe.

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices☐ No☒ Yes. Describe.**See Attached.****\$2,240.00**

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

☒ No☐ Yes. Describe.

41. Inventory

☐ No☒ Yes. Describe.**Clothing & Asscessories****\$1,000.00**

42. Interests in partnerships or joint ventures

☒ No☐ Yes. Describe

Name of entity:

% of ownership:

43. Customer lists, mailing lists, or other compilations

- ☒ No
- ☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?
- ☐ No
- ☐ Yes. Describe.

44. Any business-related property you did not already list

- ☒ No
- ☐ Yes. Give specific information

- 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here**

**\$3,240.00****Part 6:**

Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- ☒ No. Go to Part 7.
- ☐ Yes. Go to line 47.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

- ☒ No
- ☐ Yes

48. Crops—either growing or harvested

- ☒ No
- ☐ Yes. Give specific information.

49. **Farm and fishing equipment, implements, machinery, fixtures, and tools of trade**☒ No☐ Yes50. **Farm and fishing supplies, chemicals, and feed**☒ No☐ Yes51. **Any farm- and commercial fishing-related property you did not already list**☒ No☐ Yes. Give specific
information.52. **Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here****\$0.00****Part 7:** Describe All Property You Own or Have an Interest in That You Did Not List Above53. **Do you have other property of any kind you did not already list?***Examples:* Season tickets, country club membership☒ No☐ Yes. Give specific
information.54. **Add the dollar value of all of your entries from Part 7. Write that number here****\$0.00****Part 8:** List the Totals of Each Part of this Form55. **Part 1: Total real estate, line 2****\$0.00**56. **Part 2: Total vehicles, line 5** **\$6,800.00**57. **Part 3: Total personal and household items, line 15** **\$1,060.00**58. **Part 4: Total financial assets, line 36** **\$131.05**59. **Part 5: Total business-related property, line 45** **\$3,240.00**60. **Part 6: Total farm- and fishing-related property, line 52** **\$0.00**61. **Part 7: Total other property not listed, line 54** + **\$0.00**62. **Total personal property.** Add lines 56 through 61.**\$11,231.05**

Copy personal property total

+ \$11,231.05

Debtor **Banks, Michele Katrina**

Case number (if known) **25-40104-ELM-13**

63. **Total of all property on Schedule A/B.** Add line 55 + line 62.

\$11,231.05

Continuation Page

39.	Office equipment, furnishings, and supplies	
	Bookcase	\$20.00
	Cabinet	\$60.00
	Dressing Room	\$100.00
	Filing Cabinet	\$60.00
	Heat Press	\$300.00
	IMAC Computer	\$150.00
	Laser Printer	\$50.00
	Office Supplies	\$200.00
	Overstock Dressers	\$200.00
	Reception Desk	\$150.00
	Security Camera	\$300.00
	Store Fixtures	\$600.00
	Television	\$50.00

Fill in this information to identify your case:

Debtor 1 **Michele** **Katrina** **Banks**
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **Northern** District of **Texas**

Case number **25-40104-ELM-13**
(if known)

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. **Which set of exemptions are you claiming?** *Check one only, even if your spouse is filing with you.*

- ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☒ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. **For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.**

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	<i>Check only one box for each exemption.</i>	
Brief description: 2019 Dodge Charger SXT VIN: 2C3CDXBG9KH656866	\$6,800.00	<input checked="" type="checkbox"/> \$0.00	11 U.S.C. § 522(d)(2)
Line from <i>Schedule A/B</i> : 3.1		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

3. **Are you claiming a homestead exemption of more than \$189,050?**

(Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

Part 2: Additional Page

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
Brief description: Household goods and furnishings Line from <i>Schedule A/B</i> : 6	\$150.00	<input checked="" type="checkbox"/> \$150.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Kitchen Items Line from <i>Schedule A/B</i> : 6	\$200.00	<input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Electronics Line from <i>Schedule A/B</i> : 7	\$50.00	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Firearm Line from <i>Schedule A/B</i> : 10	\$400.00	<input checked="" type="checkbox"/> \$400.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: Clothes, Shoes, Accessories Line from <i>Schedule A/B</i> : 11	\$250.00	<input checked="" type="checkbox"/> \$250.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Dog Line from <i>Schedule A/B</i> : 13	\$10.00	<input checked="" type="checkbox"/> \$10.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: Cash Line from <i>Schedule A/B</i> : 16	\$9.00	<input checked="" type="checkbox"/> \$9.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: Bank Ozark Checking account Line from <i>Schedule A/B</i> : 17	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: MeriTrust Credit Union <u>Checking account</u>	<u>\$0.05</u>	<input checked="" type="checkbox"/> <u>\$0.05</u>	<u>11 U.S.C. § 522(d)(5)</u>
Line from Schedule A/B: <u>17</u>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Wells Fargo <u>Checking account</u>	<u>\$10.00</u>	<input checked="" type="checkbox"/> <u>\$10.00</u>	<u>11 U.S.C. § 522(d)(5)</u>
Line from Schedule A/B: <u>17</u>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Bank of America <u>Checking account</u>	<u>\$10.00</u>	<input checked="" type="checkbox"/> <u>\$10.00</u>	<u>11 U.S.C. § 522(d)(5)</u>
Line from Schedule A/B: <u>17</u>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Starr Wrapz & Customs	<u>\$1.00</u>	<input checked="" type="checkbox"/> <u>\$1.00</u>	<u>11 U.S.C. § 522(d)(5)</u>
Line from Schedule A/B: <u>19</u>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Industry Mixx Innovations	<u>\$1.00</u>	<input checked="" type="checkbox"/> <u>\$1.00</u>	<u>11 U.S.C. § 522(d)(5)</u>
Line from Schedule A/B: <u>19</u>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: IMAC Computer	<u>\$150.00</u>	<input checked="" type="checkbox"/> <u>\$150.00</u>	<u>11 U.S.C. § 522(d)(6)</u>
Line from Schedule A/B: <u>39</u>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Laser Printer	<u>\$50.00</u>	<input checked="" type="checkbox"/> <u>\$50.00</u>	<u>11 U.S.C. § 522(d)(6)</u>
Line from Schedule A/B: <u>39</u>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Television	<u>\$50.00</u>	<input checked="" type="checkbox"/> <u>\$50.00</u>	<u>11 U.S.C. § 522(d)(6)</u>
Line from Schedule A/B: <u>39</u>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Reception Desk	<u>\$150.00</u>	<input checked="" type="checkbox"/> <u>\$150.00</u>	<u>11 U.S.C. § 522(d)(6)</u>
Line from Schedule A/B: <u>39</u>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

Part 2: Additional Page

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
Brief description: <u>Dressing Room</u> Line from <i>Schedule A/B</i> : <u>39</u>	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(6)</u>
Brief description: <u>Filing Cabinet</u> Line from <i>Schedule A/B</i> : <u>39</u>	<u>\$60.00</u>	<input checked="" type="checkbox"/> <u>\$60.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(6)</u>
Brief description: <u>Overstock Dressers</u> Line from <i>Schedule A/B</i> : <u>39</u>	<u>\$200.00</u>	<input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(6)</u>
Brief description: <u>Security Camera</u> Line from <i>Schedule A/B</i> : <u>39</u>	<u>\$300.00</u>	<input checked="" type="checkbox"/> <u>\$300.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(6)</u>
Brief description: <u>Cabinet</u> Line from <i>Schedule A/B</i> : <u>39</u>	<u>\$60.00</u>	<input checked="" type="checkbox"/> <u>\$60.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(6)</u>
Brief description: <u>Bookcase</u> Line from <i>Schedule A/B</i> : <u>39</u>	<u>\$20.00</u>	<input checked="" type="checkbox"/> <u>\$20.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(6)</u>
Brief description: <u>Office Supplies</u> Line from <i>Schedule A/B</i> : <u>39</u>	<u>\$200.00</u>	<input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(6)</u>
Brief description: <u>Store Fixtures</u> Line from <i>Schedule A/B</i> : <u>39</u>	<u>\$600.00</u>	<input checked="" type="checkbox"/> <u>\$600.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(6)</u>
Brief description: <u>Heat Press</u> Line from <i>Schedule A/B</i> : <u>39</u>	<u>\$300.00</u>	<input checked="" type="checkbox"/> <u>\$300.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(6)</u>
Brief description: <u>Clothing & Asscessories</u> Line from <i>Schedule A/B</i> : <u>41</u>	<u>\$1,000.00</u>	<input checked="" type="checkbox"/> <u>\$1,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(5)</u>

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS
FORT WORTH DIVISION**

IN RE: **Banks, Michele Katrina**

CASE NO **25-40104-ELM-13**

CHAPTER **13**

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Exemption Totals by Category:

(Values and liens of surrendered property are NOT included in this section)

Scheme Selected: **Federal**

No.	Category	Gross Property Value	Total Encumbrances	Total Equity	Total Amount Exempt	Total Amount Non-Exempt
1.	Real Estate	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3.	Motor vehicle	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.	Watercraft, trailers, motors homes, and accessories	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6.	Household goods and furnishings	\$350.00	\$0.00	\$350.00	\$350.00	\$0.00
7.	Electronics	\$50.00	\$0.00	\$50.00	\$50.00	\$0.00
8.	Collectibles of value	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9.	Equipment for sports and hobbies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10.	Firearms	\$400.00	\$0.00	\$400.00	\$400.00	\$0.00
11.	Clothes	\$250.00	\$0.00	\$250.00	\$250.00	\$0.00
12.	Jewelry	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13.	Nonfarm animals	\$10.00	\$0.00	\$10.00	\$10.00	\$0.00
14.	Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
16.	Cash	\$9.00	\$0.00	\$9.00	\$9.00	\$0.00
17.	Deposits of money	\$120.05	\$0.00	\$120.05	\$120.05	\$0.00
18.	Bonds, mutual funds, or publicly traded stocks	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19.	Business Interests, LLC's, Partnerships, Joint Ventures and Nonpublicly traded stock	\$2.00	\$0.00	\$2.00	\$2.00	\$0.00
20.	Bonds and other financial instruments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21.	Retirement or pension accounts	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
22.	Security deposits and prepayments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
23.	Annuities	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24.	Interest in a qualified education fund, such as an education IRA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25.	Trusts, equitable or future interests in property	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS
FORT WORTH DIVISION**

IN RE: **Banks, Michele Katrina**

CASE NO **25-40104-ELM-13**

CHAPTER **13**

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Continuation Sheet #1

Exemption Totals by Category:

(Values and liens of surrendered property are NOT included in this section)

Scheme Selected: **Federal**

No.	Category	Gross Property Value	Total Encumbrances	Total Equity	Total Amount Exempt	Total Amount Non-Exempt
26.	Copyrights, trademarks, websites and other intellectual property	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27.	Licenses, Franchises, and other general intangibles	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28.	Tax refunds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
29.	Family support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30.	Other amounts owed to the debtor	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
31.	Insurance policies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
32.	Interest in property from deceased	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
33.	Claims against third parties	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
34.	All other claims, includes contingent/unliquidated claims, counter claims, and creditor set offs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
35.	Other financial asset	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
38.	Accounts receivable	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
39.	Office equipment, furnishings, and supplies	\$2,240.00	\$0.00	\$2,240.00	\$2,240.00	\$0.00
40.	Machinery, fixtures and equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
41.	Inventory	\$1,000.00	\$0.00	\$1,000.00	\$1,000.00	\$0.00
42.	Interests in partnerships or joint ventures	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
43.	Customer lists	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
44.	Other businessrelated property	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
47.	Farm animals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
48.	Crops	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
49.	Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
50.	Supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS
FORT WORTH DIVISION**

IN RE: **Banks, Michele Katrina**

CASE NO **25-40104-ELM-13**

CHAPTER **13**

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Continuation Sheet #2

Exemption Totals by Category:

(Values and liens of surrendered property are NOT included in this section)

Scheme Selected: **Federal**

No.	Category	Gross Property Value	Total Encumbrances	Total Equity	Total Amount Exempt	Total Amount Non-Exempt
51.	Other farm or fishing related property	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
53.	Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTALS:		\$4,431.05	\$0.00	\$4,431.05	\$4,431.05	\$0.00

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS
FORT WORTH DIVISION**

IN RE: **Banks, Michele Katrina**

CASE NO **25-40104-ELM-13**

CHAPTER **13**

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Continuation Sheet #3

Surrendered Property:

The following property is to be surrendered by the debtor. Although this property is NOT exempt, it is NOT considered "non-exempt" for purposes of this analysis. The below listed items are to be returned to the lienholder

Property Description	Market Value	Lien	Equity
<u>Real Property</u>			
(None)			
<u>Personal Property</u>			
(None)			
TOTALS:	\$0.00	\$0.00	\$0.00

Non-exempt Property by Item:

The following property, or a portion thereof, is non-exempt.

Property Description	Market Value	Lien	Equity	Non-Exempt Amount
<u>Real Property</u>				
(None)				
<u>Personal Property</u>				
(None)				
TOTALS:	\$4,431.05	\$0.00	\$4,431.05	\$0.00

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS
FORT WORTH DIVISION**

IN RE: **Banks, Michele Katrina**

CASE NO **25-40104-ELM-13**

CHAPTER **13**

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Continuation Sheet #4

Summary	
A. Gross Property Value (not including surrendered property)	\$4,431.05
B. Gross Property Value of Surrendered Property	\$0.00
C. Total Gross Property Value (A+B)	\$4,431.05
D. Gross Amount of Encumbrances (not including surrendered property)	\$0.00
E. Gross Amount of Encumbrances on Surrendered Property	\$0.00
F. Total Gross Encumbrances (D+E)	\$0.00
G. Total Equity (not including surrendered property) / (A-D)	\$4,431.05
H. Total Equity in surrendered items (B-E)	\$0.00
I. Total Equity (C-F)	\$4,431.05
J. Total Exemptions Claimed (Wild Card Used: \$1,531.05, Available: \$13,893.95)	\$4,431.05
K. Total Non-Exempt Property Remaining (G-J)	\$0.00

Fill in this information to identify your case:

Debtor 1 Michele Katrina Banks
First Name Middle Name Last Name

Debtor 2 _____
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Texas

Case number (if 25-40104-ELM-13
known) _____

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
---	--	---

2.1	Merrittrust Credit Union	Describe the property that secures the claim:	\$23,518.00	\$6,800.00	\$16,718.00
Creditor's Name <u>Attn: Bankruptcy</u> <u>PO Box 2926</u> Number Street <u>Wichita, KS 67201-2926</u> City State ZIP Code		<u>2019 Dodge Charger SXT</u>			
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt		As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____			
Date debt was incurred <u>2/1/2022</u>		Last 4 digits of account number <u>9 1 6 2</u>			
Remarks: In Plan					
Add the dollar value of your entries in Column A on this page. Write that number here:			<u>\$23,518.00</u>		

Fill in this information to identify your case:

Debtor 1 Michele Katrina Banks
First Name Middle Name Last Name

Debtor 2 _____
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Texas

Case number 25-40104-ELM-13
(if known)

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.
☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

			Total claim	Priority amount	Nonpriority amount
2.1	Leinart Law Firm Priority Creditor's Name 10670 N Central Expy Ste 320 Number Street Dallas, TX 75231-2173 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? <u>01/09/2025</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <u>Attorney Fees</u>	<u>\$4,250.00</u>	<u>\$4,250.00</u>	<u>\$0.00</u>

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

				Total claim
4.1	AcceptanceNOW	Last 4 digits of account number	<u>2 3 1 9</u>	\$0.00
Nonpriority Creditor's Name		When was the debt incurred? <u>7/1/2018</u>		
Attn: Bankruptcy				
5501 Headquarters Drive		As of the date you file, the claim is: Check all that apply.		
Number	Street	<input type="checkbox"/> Contingent		
Plano, TX 75024		<input type="checkbox"/> Unliquidated		
City	State	ZIP Code	<input type="checkbox"/> Disputed	
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> Other. Specify <u>RentalAgreement</u>		
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
4.2	Ambit Energy	Last 4 digits of account number	<u>2 7 1 4</u>	\$0.00
Nonpriority Creditor's Name		When was the debt incurred? _____		
PO Box 864589				
Number	Street	As of the date you file, the claim is: Check all that apply.		
		<input type="checkbox"/> Contingent		
Plano, TX 75086		<input type="checkbox"/> Unliquidated		
City	State	ZIP Code	<input type="checkbox"/> Disputed	
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> Other. Specify <u>Utilities</u>		
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.3	Baylor Scott & White	Last 4 digits of account number	<u>9</u> <u>1</u> <u>9</u> <u>0</u>	\$0.00
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Nonpriority Creditor's Name

PO Box 843038

Number

Street

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed**Dallas, TX 75284**

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Medical Bill**

Is the claim subject to offset?

☒ No☐ Yes

4.4	Baylor Scott & White	Last 4 digits of account number	<u>5</u> <u>3</u> <u>2</u> <u>1</u>	\$0.00
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Nonpriority Creditor's Name

PO Box 843038

Number

Street

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed**Dallas, TX 75284-3038**

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Medical Bill**

Is the claim subject to offset?

☒ No☐ Yes

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.5	Bestegg/ms	Last 4 digits of account number	<u>3</u> <u>5</u> <u>9</u> <u>4</u>	\$987.00
Nonpriority Creditor's Name		When was the debt incurred? <u>9/1/2024</u>		
Po Box 42912				
Number Street		As of the date you file, the claim is: Check all that apply.		
Philadelphia, PA 19101		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City State ZIP Code				
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CheckCreditOrLineOfCredit</u>		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.6	Capio Partners LLC	Last 4 digits of account number	<u>5</u> <u>6</u> <u>4</u> <u>0</u>	\$0.00
Nonpriority Creditor's Name		When was the debt incurred? _____		
ATTN: Bankruptcy				
PO Box 3498		As of the date you file, the claim is: Check all that apply.		
Number Street		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Sherman, TX 75091				
City State ZIP Code				
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection Agency</u>		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.7	Capital Bank N.A.	Last 4 digits of account number	<u>8</u> <u>0</u> <u>7</u> <u>9</u>	\$197.00
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Nonpriority Creditor's Name

2275 Research Blvd. Ste 600

Number

Street

When was the debt incurred?

4/1/2020**Rockville, MD 20850**

City

State

ZIP Code

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify CreditCard

Is the claim subject to offset?

☒ No☐ Yes

4.8	Carenow	Last 4 digits of account number	<u>5</u> <u>2</u> <u>3</u> <u>6</u>	\$0.00
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Nonpriority Creditor's Name

PO Box 743571

Number

Street

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Medical Bill

Is the claim subject to offset?

☒ No☐ Yes

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.9	Centennial Hills Hospital Nonpriority Creditor's Name 6900 N. Durango Drive Number Street Las Vegas, NV 89149 City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill	\$0.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.10	Collection Management Company Nonpriority Creditor's Name Attn: Bankruptcy Attn: Bankruptcy 661 Andersen Drive , Suite 110 Number Street Pittsburgh, PA 15220 City State ZIP Code	Last 4 digits of account number <u>1</u> <u>1</u> <u>1</u> <u>8</u> When was the debt incurred? <u>10/1/2023</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Original Creditor: MEDSTAR MOBILE HEALTHCARE	\$2,100.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.11	Community Outreach Medical Center	Last 4 digits of account number <u>7</u> <u>3</u> <u>1</u> <u>3</u>	\$0.00
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Nonpriority Creditor's Name

2080 E. Flamingo Rd. Ste. 302

Number

Street

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed**Las Vegas, NV 89119**

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Medical Bill**

Is the claim subject to offset?

☒ No☐ Yes

4.12	CommunityMed Family Urgent Care Arlington	Last 4 digits of account number <u>6</u> <u>7</u> <u>4</u> <u>4</u>	\$0.00
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Nonpriority Creditor's Name

6320 U.S. 287 Frontage Rd. Ste. 112

Number

Street

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed**Arlington, TX 76001**

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Medical Bill**

Is the claim subject to offset?

☒ No☐ Yes

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.13	Cook Children's	Last 4 digits of account number	<u>2</u> <u>1</u> <u>5</u> <u>5</u>	\$0.00
Nonpriority Creditor's Name		When was the debt incurred?		
PO Box 830808				
Number Street		As of the date you file, the claim is: Check all that apply.		
Richardson, TX 75083-0808		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City State ZIP Code		Type of NONPRIORITY unsecured claim:		
Who incurred the debt? Check one.		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		<input checked="" type="checkbox"/> Other. Specify Medical Bill		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.14	Cornerstone	Last 4 digits of account number	<u>4</u> <u>4</u> <u>8</u> <u>3</u>	\$11,098.00
Nonpriority Creditor's Name		When was the debt incurred?		
Po Box 82561		12/1/2010		
Number Street		As of the date you file, the claim is: Check all that apply.		
Lincoln, NE 68501		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City State ZIP Code		Type of NONPRIORITY unsecured claim:		
Who incurred the debt? Check one.		<input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Other. Specify		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.15	Cornerstone	Last 4 digits of account number	<u>4</u> <u>2</u> <u>8</u> <u>3</u>	<u>\$4,963.00</u>
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Nonpriority Creditor's Name

Po Box 82561

Number

Street

When was the debt incurred?

2/1/2003**Lincoln, NE 68501**

City

State

ZIP Code

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☒ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify _____

Is the claim subject to offset?

☒ No☐ Yes

4.16	Cornerstone	Last 4 digits of account number	<u>4</u> <u>3</u> <u>8</u> <u>3</u>	<u>\$4,499.00</u>
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Nonpriority Creditor's Name

Po Box 82561

Number

Street

When was the debt incurred?

12/1/2010**Lincoln, NE 68501**

City

State

ZIP Code

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☒ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify _____

Is the claim subject to offset?

☒ No☐ Yes

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.17	Cornerstone	Last 4 digits of account number	<u>4</u> <u>8</u> <u>8</u> <u>3</u>	\$3,338.00
Nonpriority Creditor's Name		When was the debt incurred? <u>9/1/2012</u>		
Po Box 82561				
Number Street		As of the date you file, the claim is: Check all that apply.		
Lincoln, NE 68501		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City State ZIP Code				
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		<input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.18	Cornerstone	Last 4 digits of account number	<u>4</u> <u>9</u> <u>8</u> <u>3</u>	\$2,823.00
Nonpriority Creditor's Name		When was the debt incurred? <u>9/1/2013</u>		
Po Box 82561				
Number Street		As of the date you file, the claim is: Check all that apply.		
Lincoln, NE 68501		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City State ZIP Code				
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		<input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.19	Cornerstone	Last 4 digits of account number	<u>5</u> <u>1</u> <u>8</u> <u>3</u>	\$1,979.00
Nonpriority Creditor's Name		When was the debt incurred? <u>10/1/2016</u>		
Po Box 82561				
Number Street		As of the date you file, the claim is: Check all that apply.		
Lincoln, NE 68501		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City State ZIP Code				
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		<input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.20	Cornerstone	Last 4 digits of account number	<u>4</u> <u>5</u> <u>8</u> <u>3</u>	\$1,671.00
Nonpriority Creditor's Name		When was the debt incurred? <u>7/1/2011</u>		
Po Box 82561				
Number Street		As of the date you file, the claim is: Check all that apply.		
Lincoln, NE 68501		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City State ZIP Code				
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		<input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.21	Cornerstone	Last 4 digits of account number	<u>5</u> <u>2</u> <u>8</u> <u>3</u>	\$1,609.00
Nonpriority Creditor's Name		When was the debt incurred? <u>11/1/2016</u>		
Po Box 82561				
Number Street		As of the date you file, the claim is: Check all that apply.		
Lincoln, NE 68501		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City State ZIP Code				
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		<input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.22	Cornerstone	Last 4 digits of account number	<u>4</u> <u>7</u> <u>8</u> <u>3</u>	\$1,438.00
Nonpriority Creditor's Name		When was the debt incurred? <u>9/1/2012</u>		
Po Box 82561				
Number Street		As of the date you file, the claim is: Check all that apply.		
Lincoln, NE 68501		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City State ZIP Code				
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		<input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.23	Cornerstone	Last 4 digits of account number	<u>5 5 8 3</u>	\$1,086.00
Nonpriority Creditor's Name		When was the debt incurred? <u>7/1/2019</u>		
Po Box 82561				
Number Street		As of the date you file, the claim is: Check all that apply.		
Lincoln, NE 68501		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City State ZIP Code				
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		<input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.24	Cornerstone	Last 4 digits of account number	<u>5 3 8 3</u>	\$966.00
Nonpriority Creditor's Name		When was the debt incurred? <u>11/1/2017</u>		
Po Box 82561				
Number Street		As of the date you file, the claim is: Check all that apply.		
Lincoln, NE 68501		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City State ZIP Code				
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		<input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.25	Cornerstone	Last 4 digits of account number	<u>4</u> <u>6</u> <u>8</u> <u>3</u>	\$838.00
Nonpriority Creditor's Name		When was the debt incurred? <u>3/1/2012</u>		
Po Box 82561				
Number Street		As of the date you file, the claim is: Check all that apply.		
Lincoln, NE 68501		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City State ZIP Code				
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		<input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.26	Cornerstone	Last 4 digits of account number	<u>5</u> <u>4</u> <u>8</u> <u>3</u>	\$616.00
Nonpriority Creditor's Name		When was the debt incurred? <u>7/1/2019</u>		
Po Box 82561				
Number Street		As of the date you file, the claim is: Check all that apply.		
Lincoln, NE 68501		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City State ZIP Code				
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		<input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.27	Cornerstone	Last 4 digits of account number	<u>5 0 8 3</u>	\$405.00
Nonpriority Creditor's Name		When was the debt incurred? <u>9/1/2013</u>		
Po Box 82561				
Number Street		As of the date you file, the claim is: Check all that apply.		
Lincoln, NE 68501		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City State ZIP Code				
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		<input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.28	Credit Collection Services	Last 4 digits of account number	<u>0 7 3 5</u>	\$483.00
Nonpriority Creditor's Name		When was the debt incurred? <u>8/1/2022</u>		
Attn: Bankruptcy				
725 Canton St		As of the date you file, the claim is: Check all that apply.		
Number Street		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Norwood, MA 02062				
City State ZIP Code				
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Original Creditor: PROGRESSIVE</u>		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.29	Credit Control, Llc	Last 4 digits of account number	<u>3 0 3 3</u>	\$1,104.00
Nonpriority Creditor's Name		When was the debt incurred? <u>7/15/2024</u>		
Attn: Bankruptcy				
3300 Roder Trail S. Ste 500		As of the date you file, the claim is: Check all that apply.		
Number	Street	<input type="checkbox"/> Contingent		
Earth City, MO 63045		<input type="checkbox"/> Unliquidated		
City	State	ZIP Code	<input type="checkbox"/> Disputed	
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
4.30	Direct Energy	Last 4 digits of account number	<u>6 7 6 5</u>	\$0.00
Nonpriority Creditor's Name		When was the debt incurred? _____		
PO Box 650272				
Number	Street	As of the date you file, the claim is: Check all that apply.		
Dallas, TX 75265-0272		<input type="checkbox"/> Contingent		
City	State	ZIP Code	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Disputed				
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
		Type of NONPRIORITY unsecured claim:		
		<input type="checkbox"/> Student loans		
		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
		<input checked="" type="checkbox"/> Other. Specify <u>Original Creditor: 11 CHARTER COMMUNICATIONS</u>		
		Type of NONPRIORITY unsecured claim:		
		<input type="checkbox"/> Student loans		
		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
		<input checked="" type="checkbox"/> Other. Specify <u>Utilities</u>		

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.31	Diversified Adjustment Services, Inc	Last 4 digits of account number	<u>6</u> <u>3</u> <u>8</u> <u>6</u>	\$481.00
Nonpriority Creditor's Name		When was the debt incurred? <u>4/1/2024</u>		
Attn: Bankruptcy				
PO Box 32145		As of the date you file, the claim is: Check all that apply.		
Number	Street	<input type="checkbox"/> Contingent		
Fridley, MN 55432		<input type="checkbox"/> Unliquidated		
City	State	ZIP Code	<input type="checkbox"/> Disputed	
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
4.32	Doctors Reporting Service of Texas	Last 4 digits of account number	<u>9</u> <u>0</u> <u>3</u> <u>7</u>	\$0.00
Nonpriority Creditor's Name		When was the debt incurred? _____		
800 E. Campbell Rd Suite 399				
Number	Street	As of the date you file, the claim is: Check all that apply.		
Richardson, TX 75081		<input type="checkbox"/> Contingent		
City	State	ZIP Code	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Disputed				
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
		Type of NONPRIORITY unsecured claim:		
		<input type="checkbox"/> Student loans		
		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
		<input checked="" type="checkbox"/> Other. Specify <u>Original Creditor: T-MOBILE</u>		
		Type of NONPRIORITY unsecured claim:		
		<input type="checkbox"/> Student loans		
		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
		<input checked="" type="checkbox"/> Other. Specify <u>Collection Agency</u>		

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.33	Envision Imaging of Arlington Nonpriority Creditor's Name 4601 Matlock Rd Number Street Arlington, TX 76018-1005 City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill	\$0.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.34	Essential Lending Nonpriority Creditor's Name Attn: Bankruptcy 3500 Hulen St. Suite 201 Number Street Fort Worth, TX 76107-6812 City State ZIP Code	Last 4 digits of account number 3 2 9 9 When was the debt incurred? 5/1/2023 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Unsecured	\$0.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.35	Firstacces	Last 4 digits of account number	<u>5</u> <u>9</u> <u>4</u> <u>1</u>	\$0.00
Nonpriority Creditor's Name		When was the debt incurred? <u>4/1/2020</u>		
Po Box 85710				
Number Street		As of the date you file, the claim is: Check all that apply.		
Sioux Falls, SD 57118		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City State ZIP Code				
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.36	Genesis Credit Management	Last 4 digits of account number	<u>9</u> <u>5</u> <u>5</u> <u>4</u>	\$368.00
Nonpriority Creditor's Name		When was the debt incurred? <u>2/1/2024</u>		
Attn: Bankruptcy				
PO Box 3630		As of the date you file, the claim is: Check all that apply.		
Number Street		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Everett, WA 98213				
City State ZIP Code				
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Original Creditor: THE PRESERVE</u>		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.37	GenetWorx	Last 4 digits of account number	<u> </u> <u> </u> <u> </u> <u> </u>	\$0.00
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Nonpriority Creditor's Name

4060 Innslake Drive

Number Street

Glen Allen, VA 23060

City State ZIP Code

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Medical Bill**

Is the claim subject to offset?

☒ No☐ Yes

4.38	H&R Block	Last 4 digits of account number	<u>5</u> <u>5</u> <u>5</u> <u>5</u>	\$0.00
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Nonpriority Creditor's Name

PO Box 30674

Number Street

Salt Lake City, UT 84130

City State ZIP Code

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Personal Loan**

Is the claim subject to offset?

☒ No☐ Yes

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.39	I C System	Last 4 digits of account number	<u>4</u> <u>2</u> <u>3</u> <u>1</u>	\$1,901.00
Nonpriority Creditor's Name		When was the debt incurred?		
444 Highway 96 East		4/1/2023		
PO Box 64378		As of the date you file, the claim is: Check all that apply.		
Number Street		<input type="checkbox"/> Contingent		
St Paul, MN 55164-0378		<input type="checkbox"/> Unliquidated		
City State ZIP Code		<input type="checkbox"/> Disputed		
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> Other. Specify Original Creditor: STUDENT PAYMENTS - MEDCERTS		
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
4.40	Jpmcb	Last 4 digits of account number	<u>4</u> <u>2</u> <u>8</u> <u>0</u>	\$0.00
Nonpriority Creditor's Name		When was the debt incurred?		
MailCode LA4-7100 700 Kansas Lane		9/5/2006		
Number Street		As of the date you file, the claim is: Check all that apply.		
Monroe, LA 71203		<input type="checkbox"/> Contingent		
City State ZIP Code		<input type="checkbox"/> Unliquidated		
Who incurred the debt? Check one.		<input type="checkbox"/> Disputed		
<input checked="" type="checkbox"/> Debtor 1 only		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> Check if this claim is for a community debt		<input checked="" type="checkbox"/> Other. Specify CreditCard		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.41	JPS Health Network Nonpriority Creditor's Name PO Box 916046 Number Street Ft Worth, TX 76191-6046 City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>	\$0.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.42	Law Office of Lisa A Taylor Nonpriority Creditor's Name 5664 N. Rainbow Blvd. Number Street Las Vegas, NV 89130 City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collecting for - Ameriprise Auto & Home Ins.</u>	\$30,357.29
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.43	Lvnv Funding/Resurgent Capital Nonpriority Creditor's Name Attn: Bankruptcy PO Box 10497 Number Street Greenville, SC 29603 City State ZIP Code	Last 4 digits of account number <u>5 9 4 1</u> When was the debt incurred? <u>9/1/2021</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Original Creditor: FIRST ACCESS BANK OF MISSOURI</u>	\$527.00
<p>Who incurred the debt? Check one.</p> <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
<p>Is the claim subject to offset?</p> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.44	Medical City Nonpriority Creditor's Name PO Box 290489 Number Street Nashville, TN 37229 City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>	\$0.00
<p>Who incurred the debt? Check one.</p> <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
<p>Is the claim subject to offset?</p> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.45	Medical City Arlington	Last 4 digits of account number	_____	\$0.00
	Nonpriority Creditor's Name	When was the debt incurred? _____		
	PO Box 740782			
	Number Street	As of the date you file, the claim is: Check all that apply.		
	Cincinnati, OH 45274-0782	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	City State ZIP Code	Type of NONPRIORITY unsecured claim:		
	Who incurred the debt? Check one.	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<input checked="" type="checkbox"/> Other. Specify Medical Bill		
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.46	Medical city ER Grand Prairie	Last 4 digits of account number	2 5 4 0	\$0.00
	Nonpriority Creditor's Name	When was the debt incurred? _____		
	5203 Lake Ridge Pkwy.			
	Number Street	As of the date you file, the claim is: Check all that apply.		
	Grand Prairie, TX 75052	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	City State ZIP Code	Type of NONPRIORITY unsecured claim:		
	Who incurred the debt? Check one.	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<input checked="" type="checkbox"/> Other. Specify Medical Bill		
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1

Michele**Katrina****Banks**Case number (if known) **25-40104-ELM-13**

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.49	Methodist Health System	Last 4 digits of account number <u>8</u> <u>1</u> <u>1</u> <u>9</u>	\$0.00
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Nonpriority Creditor's Name

1441 N Beckley Ave

Number

Street

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed**Dallas, TX 75203**

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Medical Bill**

Is the claim subject to offset?

☒ No☐ Yes

4.50	Methodist Health System	Last 4 digits of account number <u>5</u> <u>6</u> <u>4</u> <u>0</u>	\$0.00
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Nonpriority Creditor's Name

1441 N Beckley Ave

Number

Street

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed**Dallas, TX 75203**

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Medical Bill**

Is the claim subject to offset?

☒ No☐ Yes

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.51	Methodist Health System	Last 4 digits of account number	<u>9</u> <u>5</u> <u>5</u> <u>7</u>	\$0.00
Nonpriority Creditor's Name		When was the debt incurred?		
1441 N Beckley Ave				
Number Street		As of the date you file, the claim is: Check all that apply.		
Dallas, TX 75203		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City State ZIP Code		Type of NONPRIORITY unsecured claim:		
Who incurred the debt? Check one.		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		<input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.52	MileAuto	Last 4 digits of account number	<u>6</u> <u>5</u> <u>0</u> <u>0</u>	\$0.00
Nonpriority Creditor's Name		When was the debt incurred?		
900 Circle 75 Parkway Ste. 1320				
Number Street		As of the date you file, the claim is: Check all that apply.		
Atlanta, GA 30339		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City State ZIP Code		Type of NONPRIORITY unsecured claim:		
Who incurred the debt? Check one.		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		<input checked="" type="checkbox"/> Other. Specify <u>Business Debt0.00</u>		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.53	MRI Centers of Texas - Arlington	Last 4 digits of account number	<u>5</u> <u>6</u> <u>3</u> <u>1</u>	\$0.00
Nonpriority Creditor's Name		When was the debt incurred?		
1015 W Randol Mill Rd.				
Number Street		As of the date you file, the claim is: Check all that apply.		
Arlington, TX 76012		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City State ZIP Code		Type of NONPRIORITY unsecured claim:		
Who incurred the debt? Check one.		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.54	Navient	Last 4 digits of account number	<u>0</u> <u>9</u> <u>1</u> <u>9</u>	\$3,659.00
Nonpriority Creditor's Name		When was the debt incurred?		
Attn: Bankruptcy		2/1/2001		
PO Box 9500		As of the date you file, the claim is: Check all that apply.		
Number Street		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Wilkes-Barre, PA 18773-9500		Type of NONPRIORITY unsecured claim:		
City State ZIP Code		<input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify		
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.55	Navient	Last 4 digits of account number	<u>0</u> <u>9</u> <u>1</u> <u>9</u>	\$3,286.00
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Nonpriority Creditor's Name

Attn: Bankruptcy**PO Box 9500**

Number Street

Wilkes-Barre, PA 18773-9500

City State ZIP Code

When was the debt incurred?

2/1/2001

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☒ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify _____

Is the claim subject to offset?

☒ No☐ Yes

4.56	Nelnet	Last 4 digits of account number	<u>0</u> <u>5</u> <u>8</u> <u>1</u>	\$0.00
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Nonpriority Creditor's Name

Attn: Claims**PO Box 82505**

Number Street

Lincoln, NE 68501-2505

City State ZIP Code

When was the debt incurred?

2/3/2003

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☒ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify _____

Is the claim subject to offset?

☒ No☐ Yes

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.57	North Hills Hospital	Last 4 digits of account number	_____	\$0.00
	Nonpriority Creditor's Name	When was the debt incurred? _____		
	P.O. Box 99400			
	Number Street			
	Louisville, KY 40269			
	City State ZIP Code			
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill			
4.58	North Hills Hospital	Last 4 digits of account number	4 5 7 1	\$0.00
	Nonpriority Creditor's Name	When was the debt incurred? _____		
	P.O. Box 99400			
	Number Street			
	Louisville, KY 40269			
	City State ZIP Code			
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill			

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.59	PayLease, LLC	Last 4 digits of account number	<u>1 9 0 6</u>	\$0.00
Nonpriority Creditor's Name		When was the debt incurred? <u>5/2/2016</u>		
Attn: Bankruptcy				
9330 Scranton Road Suite 450		As of the date you file, the claim is: Check all that apply.		
Number	Street	<input type="checkbox"/> Contingent		
San Diego, CA 92121		<input type="checkbox"/> Unliquidated		
City	State	ZIP Code	<input type="checkbox"/> Disputed	
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
4.60	Physician Partners of America	Last 4 digits of account number	<u> </u>	\$0.00
Nonpriority Creditor's Name		When was the debt incurred? <u> </u>		
4364 Heritage Trace Pkwy. Ste. 112A				
Number	Street	As of the date you file, the claim is: Check all that apply.		
Keller, TX 76244		<input type="checkbox"/> Contingent		
City	State	ZIP Code	<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Disputed				
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
		Type of NONPRIORITY unsecured claim:		
		<input type="checkbox"/> Student loans		
		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
		<input checked="" type="checkbox"/> Other. Specify <u>Rental Agreement</u>		
		Type of NONPRIORITY unsecured claim:		
		<input type="checkbox"/> Student loans		
		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
		<input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>		

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.61	Prime Diagnostic Imaging	Last 4 digits of account number	\$0.00
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Nonpriority Creditor's Name

12840 Hillcrest Plaza Dr. Ste. E100

Number Street

Dallas, TX 75230

City State ZIP Code

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Medical Bill**

Is the claim subject to offset?

☒ No☐ Yes

4.62	Progressive Finance/Leasing	Last 4 digits of account number	\$0.00
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Nonpriority Creditor's Name

11629 S 700 E St Ste 250

Number Street

Draper, UT 84020

City State ZIP Code

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Lease**

Is the claim subject to offset?

☒ No☐ Yes

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.63	Progressive Insurance	Last 4 digits of account number	0 1 1 4	\$0.00
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Nonpriority Creditor's Name

PO Box 31260

Number Street

Tampa, FL 33631

City State ZIP Code

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Services**

Is the claim subject to offset?

☒ No☐ Yes

4.64	Pulse Power	Last 4 digits of account number	_ _ _ _	\$0.00
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Nonpriority Creditor's Name

10200 Grogans Mill Rd.

Number Street

The Woodlands, TX 77380

City State ZIP Code

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Utilities**

Is the claim subject to offset?

☒ No☐ Yes

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.65	Quest Diagnostics	Last 4 digits of account number	_____	\$0.00
Nonpriority Creditor's Name		When was the debt incurred? _____		
PO Box 740779				
Number Street		As of the date you file, the claim is: Check all that apply.		
Cincinnati, OH 45274		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City State ZIP Code		Type of NONPRIORITY unsecured claim:		
Who incurred the debt? Check one.		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		<input checked="" type="checkbox"/> Other. Specify Medical Bill		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.66	Radiology Associates of North Texas	Last 4 digits of account number	1 9 2 2	\$0.00
Nonpriority Creditor's Name		When was the debt incurred? _____		
PO Box 1723				
Number Street		As of the date you file, the claim is: Check all that apply.		
Indianapolis, IN 46206		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City State ZIP Code		Type of NONPRIORITY unsecured claim:		
Who incurred the debt? Check one.		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		<input checked="" type="checkbox"/> Other. Specify Medical Bill		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.67	Radiology Associates of North Texas	Last 4 digits of account number	<u>2</u> <u>5</u> <u>6</u> <u>7</u>	\$0.00
Nonpriority Creditor's Name		When was the debt incurred?		
PO Box 1723				
Number Street		As of the date you file, the claim is: Check all that apply.		
Indianapolis, IN 46206		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City State ZIP Code		Type of NONPRIORITY unsecured claim:		
Who incurred the debt? Check one.		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		<input checked="" type="checkbox"/> Other. Specify Medical Bill		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.68	Rd/rpmc/gull	Last 4 digits of account number	<u>0</u> <u>9</u> <u>1</u> <u>0</u>	\$0.00
Nonpriority Creditor's Name		When was the debt incurred?		
91 E 700 S		9/20/2023		
Number Street		As of the date you file, the claim is: Check all that apply.		
Logan, UT 84321		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City State ZIP Code		Type of NONPRIORITY unsecured claim:		
Who incurred the debt? Check one.		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		<input checked="" type="checkbox"/> Other. Specify RentalAgreement		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.69	RealPage	Last 4 digits of account number	<u>6</u> <u>5</u> <u>3</u> <u>9</u>	\$0.00
Nonpriority Creditor's Name		When was the debt incurred? <u>9/1/2023</u>		
Attn: Bankruptcy				
2201 Lakeside Blvd.		As of the date you file, the claim is: Check all that apply.		
Number	Street	<input type="checkbox"/> Contingent		
Richardson, TX 75082		<input type="checkbox"/> Unliquidated		
City	State	ZIP Code	<input type="checkbox"/> Disputed	
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
4.70	RentReporters	Last 4 digits of account number	<u>7</u> <u>4</u> <u>2</u> <u>1</u>	\$0.00
Nonpriority Creditor's Name		When was the debt incurred? <u>2/1/2017</u>		
Attn: Bankruptcy				
87 N Raymond Ave #522		As of the date you file, the claim is: Check all that apply.		
Number	Street	<input type="checkbox"/> Contingent		
Pasadena, CA 91103		<input type="checkbox"/> Unliquidated		
City	State	ZIP Code	<input type="checkbox"/> Disputed	
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
		Type of NONPRIORITY unsecured claim:		
		<input type="checkbox"/> Student loans		
		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
		<input checked="" type="checkbox"/> Other. Specify <u>UnknownLoanType</u>		
		Type of NONPRIORITY unsecured claim:		
		<input type="checkbox"/> Student loans		
		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
		<input checked="" type="checkbox"/> Other. Specify <u>RentalAgreement</u>		

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.71	Robert Works	Last 4 digits of account number	\$0.00
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Nonpriority Creditor's Name

1019 Fleetwood Cove Dr.

Number

Street

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed**Grand Prairie, TX 75052**

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Services**

Is the claim subject to offset?

☒ No☐ Yes

4.72	Root Insurance	Last 4 digits of account number	\$0.00
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Nonpriority Creditor's Name

80 E. Rich St. Ste. 500

Number

Street

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed**Columbus, OH 43215**

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Services**

Is the claim subject to offset?

☒ No☐ Yes

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.73	Scottish Rite Hospital	Last 4 digits of account number	\$0.00
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Nonpriority Creditor's Name

2222 Welborn #206

Number

Street

Dallas, TX 75219

City

State

ZIP Code

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Medical Bill**

Is the claim subject to offset?

☒ No☐ Yes

4.74	Self Financial, Inc.	Last 4 digits of account number	\$130.00
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Nonpriority Creditor's Name

Attn: Bankruptcy Attn: Bankruptcy**515 Congress Ave , Ste 1550**

Number

Street

Austin, TX 78701

City

State

ZIP Code

When was the debt incurred?

6/1/2021

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **CreditLineSecured**

Is the claim subject to offset?

☒ No☐ Yes

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.75	Self Financial, Inc.	Last 4 digits of account number	<u>3 5 7 7</u>	\$0.00
Nonpriority Creditor's Name		When was the debt incurred? <u>6/1/2018</u>		
Attn: Bankruptcy Attn: Bankruptcy				
515 Congress Ave , Ste 1550		As of the date you file, the claim is: Check all that apply.		
Number	Street	<input type="checkbox"/> Contingent		
Austin, TX 78701		<input type="checkbox"/> Unliquidated		
City	State	ZIP Code	<input type="checkbox"/> Disputed	
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> Other. Specify <u>Secured</u>		
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
4.76	Sheffield Square	Last 4 digits of account number	<u> </u>	\$0.00
Nonpriority Creditor's Name		When was the debt incurred? <u> </u>		
2770 Bardin Road				
Number	Street	As of the date you file, the claim is: Check all that apply.		
Grand Prairie, TX 75052		<input type="checkbox"/> Contingent		
City	State	ZIP Code	<input type="checkbox"/> Unliquidated	
Who incurred the debt? Check one.		<input type="checkbox"/> Disputed		
<input checked="" type="checkbox"/> Debtor 1 only		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> Check if this claim is for a community debt		<input checked="" type="checkbox"/> Other. Specify <u>Lease</u>		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.77	Southwest Recovery Service	Last 4 digits of account number	<u>5</u> <u>0</u> <u>6</u> <u>8</u>	\$349.00
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Nonpriority Creditor's Name

16200 Addison Rd, Ste 260

Number

Street

When was the debt incurred?

2/1/2023**Addison, TX 75001**

City

State

ZIP Code

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Original Creditor: PULSE POWER

Is the claim subject to offset?

☒ No☐ Yes

4.78	Spectrum/Charter Communications	Last 4 digits of account number	_____	\$0.00
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Nonpriority Creditor's Name

PO Box 790261

Number

Street

When was the debt incurred?

Saint Louis, MO 63179-0261

City

State

ZIP Code

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Utilities

Is the claim subject to offset?

☒ No☐ Yes

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.79	Stepful Nonpriority Creditor's Name 19 Clifford St. Number Street Detroit, MI 48226 City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? <u>8/15/2024</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Services</u>	\$495.00
<p>Who incurred the debt? Check one.</p> <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
<p>Is the claim subject to offset?</p> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.80	Sunbit Financial Nonpriority Creditor's Name Attn: Bankruptcy 10880 Wilshire Blv Suite 870 Number Street Los Angeles, CA 90024 City State ZIP Code	Last 4 digits of account number <u>0 9 5 4</u> When was the debt incurred? <u>8/23/2022</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>InstallmentSalesContract</u>	\$899.00
<p>Who incurred the debt? Check one.</p> <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
<p>Is the claim subject to offset?</p> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.81	Sunrise Banks	Last 4 digits of account number	<u>2 6 9 4</u>	\$0.00
Nonpriority Creditor's Name		When was the debt incurred? <u>1/1/2021</u>		
Attn: Bankruptcy				
2525 Wabash Ave		As of the date you file, the claim is: Check all that apply.		
Number Street		<input type="checkbox"/> Contingent		
Saint Paul, MN 55114		<input type="checkbox"/> Unliquidated		
City State ZIP Code		<input type="checkbox"/> Disputed		
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> Other. Specify <u>Secured</u>		
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
4.82	Synchrony Bank/Sams Club	Last 4 digits of account number	<u>0 2 2 7</u>	\$0.00
Nonpriority Creditor's Name		When was the debt incurred? <u>12/1/2014</u>		
Attn: Bankruptcy				
PO Box 965060		As of the date you file, the claim is: Check all that apply.		
Number Street		<input type="checkbox"/> Contingent		
Orlando, FL 32896		<input type="checkbox"/> Unliquidated		
City State ZIP Code		<input type="checkbox"/> Disputed		
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>		
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.83	Texas Health Hospital Nonpriority Creditor's Name PO Box 847460 Number Street Dallas, TX 75284-7460 City State ZIP Code	Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u> When was the debt incurred? <u> </u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>	\$0.00
<p>Who incurred the debt? Check one.</p> <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
<p>Is the claim subject to offset?</p> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.84	Texas Trust Credit Union Nonpriority Creditor's Name Attn: Bankruptcy PO Box 2260 Number Street Mansfield, TX 76063-0047 City State ZIP Code	Last 4 digits of account number <u>0</u> <u>3</u> <u>0</u> <u>0</u> When was the debt incurred? <u>12/1/2021</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>DepositRelated</u>	\$542.00
<p>Who incurred the debt? Check one.</p> <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
<p>Is the claim subject to offset?</p> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.85	The CBE Group	Last 4 digits of account number	<u>4</u> <u>5</u> <u>1</u> <u>4</u>	\$0.00
Nonpriority Creditor's Name		When was the debt incurred? _____		
131 Tower Park Dr #100				
Number Street		As of the date you file, the claim is: Check all that apply.		
Waterloo, IA 50701		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City State ZIP Code		Type of NONPRIORITY unsecured claim:		
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection Agency</u>		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.86	T-Mobile/Sprint	Last 4 digits of account number	_____	\$0.00
Nonpriority Creditor's Name		When was the debt incurred? _____		
Attn: Bankruptcy				
PO Box 53410		As of the date you file, the claim is: Check all that apply.		
Number Street		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Bellevue, WA 98015		Type of NONPRIORITY unsecured claim:		
City State ZIP Code		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Utilities</u>		
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.87	Touchstone Imaging Arlington	Last 4 digits of account number <u>4 C T L</u>	\$0.00
-------------	-------------------------------------	--	---------------

Nonpriority Creditor's Name

601 W Arbrook Blvd.

Number

Street

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed**Arlington, TX 76014**

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Medical Bill**

Is the claim subject to offset?

☒ No☐ Yes

4.88	Touchstone Imaging Grand Prairie	Last 4 digits of account number _____	\$0.00
-------------	---	---------------------------------------	---------------

Nonpriority Creditor's Name

2740 TX-360 Ste. 200

Number

Street

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed**Grand Prairie, TX 75050**

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Medical Bill**

Is the claim subject to offset?

☒ No☐ Yes

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.89	Townsgate Capital Corp	Last 4 digits of account number	<u>7 0 0 1</u>	\$0.00
Nonpriority Creditor's Name		When was the debt incurred? <u>11/1/2012</u>		
2801 Townsgate Rd Ste 37				
Number Street				
Westlake Village, CA 91361				
City State ZIP Code				
Who incurred the debt? Check one.		As of the date you file, the claim is: Check all that apply.		
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Contingent		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Unliquidated		
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Disputed		
<input checked="" type="checkbox"/> At least one of the debtors and another		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Student loans		
		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
		<input checked="" type="checkbox"/> Other. Specify <u>Automobile</u>		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
4.90	Transworld System Inc	Last 4 digits of account number	<u>2 2 2 0</u>	\$4,079.00
Nonpriority Creditor's Name		When was the debt incurred? <u>3/1/2024</u>		
Attn: Bankruptcy				
PO Box 15618				
Number Street				
Wilmington, DE 19850				
City State ZIP Code				
Who incurred the debt? Check one.		As of the date you file, the claim is: Check all that apply.		
<input checked="" type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Contingent		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Unliquidated		
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Disputed		
<input type="checkbox"/> At least one of the debtors and another		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Student loans		
		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
		<input checked="" type="checkbox"/> Other. Specify <u>Original Creditor: SHEFFIELD SQUARE</u>		
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.91	Transworld System Inc	Last 4 digits of account number	<u>2 4 1 9</u>	\$0.00
Nonpriority Creditor's Name		When was the debt incurred? <u>3/30/2023</u>		
Attn: Bankruptcy				
PO Box 15618		As of the date you file, the claim is: Check all that apply.		
Number	Street	<input type="checkbox"/> Contingent		
Wilmington, DE 19850		<input type="checkbox"/> Unliquidated		
City	State	ZIP Code	<input type="checkbox"/> Disputed	
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
4.92	Transworld System Inc	Last 4 digits of account number	<u>6 0 8 2</u>	\$0.00
Nonpriority Creditor's Name		When was the debt incurred? _____		
Attn: Bankruptcy				
PO Box 15630		As of the date you file, the claim is: Check all that apply.		
Number	Street	<input type="checkbox"/> Contingent		
Wilmington, DE 19850		<input type="checkbox"/> Unliquidated		
City	State	ZIP Code	<input type="checkbox"/> Disputed	
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
		Type of NONPRIORITY unsecured claim:		
		<input type="checkbox"/> Student loans		
		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
		<input checked="" type="checkbox"/> Other. Specify <u>Original Creditor: SHEFFIELD SQUARE</u>		
		<input checked="" type="checkbox"/> Other. Specify <u>Collecting for - Direct Energy</u>		

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.93	TXU Energy Nonpriority Creditor's Name Attn: Bankruptcy 6555 Sierra Dr Number Street Irving, TX 75039 City State ZIP Code	Last 4 digits of account number <u>2</u> <u>3</u> <u>5</u> <u>7</u> When was the debt incurred? <u>9/1/2023</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Utilities</u>	\$470.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.94	U-Haul Nonpriority Creditor's Name 2727 N. Central Expy. Number Street Phoenix, AZ 85004 City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Services</u>	\$0.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.95	Westlake Portfolio Management, LLC	Last 4 digits of account number	<u>7</u> <u>5</u> <u>2</u> <u>4</u>	\$0.00
Nonpriority Creditor's Name		When was the debt incurred? <u>5/1/2021</u>		
Attn: Bankruptcy				
PO Box 76809		As of the date you file, the claim is: Check all that apply.		
Number	Street	<input type="checkbox"/> Contingent		
Los Angeles, CA 90054-0809		<input type="checkbox"/> Unliquidated		
City	State	ZIP Code	<input type="checkbox"/> Disputed	
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans				
<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify <u>Automobile</u>				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. <u>\$0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. <u>\$0.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. <u>\$0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + <u>\$4,250.00</u>
	6e. Total. Add lines 6a through 6d.	6e. <u>\$4,250.00</u>
		Total claim
Total claims from Part 2	6f. Student loans	6f. <u>\$44,274.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. <u>\$0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + <u>\$45,469.29</u>
	6j. Total. Add lines 6f through 6i.	6j. <u>\$89,743.29</u>

Fill in this information to identify your case:

Debtor 1	<u>Michele</u>	<u>Katrina</u>	<u>Banks</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Northern District of Texas</u>		
Case number (if known)	<u>25-40104-ELM-13</u>		

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease	State what the contract or lease is for
2.1	<div><div>Name</div><div>Number Street</div><div>City State ZIP Code</div></div>	
2.2	<div><div>Name</div><div>Number Street</div><div>City State ZIP Code</div></div>	
2.3	<div><div>Name</div><div>Number Street</div><div>City State ZIP Code</div></div>	
2.4	<div><div>Name</div><div>Number Street</div><div>City State ZIP Code</div></div>	

Fill in this information to identify your case:

Debtor 1 **Michele** **Katrina** **Banks**
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **Northern** District of **Texas**

Case number **25-40104-ELM-13**
(if known)

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. **Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

☒ No
☐ Yes

2. **Within the last 8 years, have you lived in a community property state or territory?** (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.*)

☐ No. Go to line 3.

☒ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

☒ No

☐ Yes. In which community state or territory did you live? _____. Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent

Number Street

City State ZIP Code

3. **In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on *Schedule D* (Official Form 106D), *Schedule E/F* (Official Form 106E/F), or *Schedule G* (Official Form 106G). Use *Schedule D*, *Schedule E/F*, or *Schedule G* to fill out Column 2.**

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Name

Number Street

City State ZIP Code

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

3.2

Name

Number Street

City State ZIP Code

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

Fill in this information to identify your case:

Debtor 1	<u>Michele</u>	<u>Katrina</u>	<u>Banks</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Northern District of Texas</u>		
Case number (if known)	<u>25-40104-ELM-13</u>		

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

Debtor 1

Debtor 2 or non-filing spouse

☐ Employed ☒ Not Employed

☐ Employed ☐ Not Employed

Unemployed

Number Street

Number Street

City State Zip Code

City State Zip Code

How long employed there? _____

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. **List monthly gross wages, salary, and commissions** (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.

2. \$0.00 \$0.00

3. **Estimate and list monthly overtime pay.**

3. + \$0.00 + \$0.00

4. **Calculate gross income.** Add line 2 + line 3.

4. \$0.00 \$0.00

		For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here.....→	4.	\$0.00	\$0.00	
5. List all payroll deductions:				
5a. Tax, Medicare, and Social Security deductions	5a.	\$0.00	\$0.00	
5b. Mandatory contributions for retirement plans	5b.	\$0.00	\$0.00	
5c. Voluntary contributions for retirement plans	5c.	\$0.00	\$0.00	
5d. Required repayments of retirement fund loans	5d.	\$0.00	\$0.00	
5e. Insurance	5e.	\$0.00	\$0.00	
5f. Domestic support obligations	5f.	\$0.00	\$0.00	
5g. Union dues	5g.	\$0.00	\$0.00	
5h. Other deductions. Specify: _____	5h. +	\$0.00	+	\$0.00
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6.	\$0.00	\$0.00	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$0.00	\$0.00	
8. List all other income regularly received:				
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	(\$718.00)	\$0.00	
8b. Interest and dividends	8b.	\$0.00	\$0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$0.00	\$0.00	
8d. Unemployment compensation	8d.	\$2,364.00	\$0.00	
8e. Social Security	8e.	\$0.00	\$0.00	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f.	\$0.00	\$0.00	
8g. Pension or retirement income	8g.	\$0.00	\$0.00	
8h. Other monthly income. Specify: New Employment	8h. +	\$1,720.00	+	\$0.00
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$3,366.00	\$0.00	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse	10.	\$3,366.00	+	\$0.00 = \$3,366.00
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. +			\$0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies	12.			\$3,366.00 Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____				

8a. Attached Statement

INDUSTRY MIXX INNOVATIONS LLC (LET THE LOVE SHIUNE RESALE BOUTIQUE)

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.)

PART A - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:

1. Gross Monthly Income:

\$132.00

PART B - ESTIMATED AVERAGE FUTURE MONTHLY EXPENSES:

2. Ordinary and necessary expense

\$0.00

3. Net Employee Payroll (Other than debtor)

\$0.00

4. Payroll Taxes

\$0.00

5. Unemployment Taxes

\$0.00

6. Worker's Compensation

\$0.00

7. Other Taxes

\$0.00

8. Inventory Purchases (Including raw materials)

\$0.00

9. Purchase of Feed/Fertilizer/Seed/Spray

\$0.00

10. Rent (Other than debtor's principal residence)

\$850.00

11. Utilities

\$0.00

12. Office Expenses and Supplies

\$0.00

13. Repairs and Maintenance

\$0.00

14. Vehicle Expenses

\$0.00

15. Travel and Entertainment

\$0.00

16. Equipment Rental and Leases

\$0.00

17. Legal/Accounting/Other Professional Fees

\$0.00

18. Insurance

\$0.00

19. Employee Benefits (e.g., pension, medical, etc.)

\$0.00

20. Payments to be Made Directly by Debtor to Secured Creditors for Pre-Petition Business Debts

TOTAL PAYMENTS TO SECURED CREDITORS

\$0.00

21. Other Expenses

TOTAL OTHER EXPENSES

\$0.00

22. TOTAL MONTHLY EXPENSES(Add item 2 - 21)

\$850.00

PART C - ESTIMATED AVERAGE NET MONTHLY INCOME:

23. AVERAGE NET MONTHLY INCOME(Subtract item 22 from item 1)

(\$718.00)

Official Form 106I

Schedule I: Your Income

page 3

Fill in this information to identify your case:

Debtor 1	<u>Michele</u>	<u>Katrina</u>	<u>Banks</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Northern District of Texas</u>		
Case number (if known)	<u>25-40104-ELM-13</u>		

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

- ☐ No
- ☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Child

20 Yrs

☐ No. ☒ Yes.

☐ No. ☐ Yes.

☐ No. ☐ Yes.

☐ No. ☐ Yes.

☐ No. ☐ Yes.

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$1,500.00

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

4a. \$0.00

4b. \$0.00

4c. \$0.00

4d. \$0.00

		Your expenses
5.	Additional mortgage payments for your residence , such as home equity loans	5. <u>\$0.00</u>
6.	Utilities:	
6a.	Electricity, heat, natural gas	6a. <u>\$188.00</u>
6b.	Water, sewer, garbage collection	6b. <u>\$78.00</u>
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. <u>\$100.00</u>
6d.	Other. Specify: <u>TV/Internet</u>	6d. <u>\$89.00</u>
7.	Food and housekeeping supplies	7. <u>\$250.00</u>
8.	Childcare and children's education costs	8. <u>\$0.00</u>
9.	Clothing, laundry, and dry cleaning	9. <u>\$100.00</u>
10.	Personal care products and services	10. <u>\$25.00</u>
11.	Medical and dental expenses	11. <u>\$75.00</u>
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. <u>\$150.00</u>
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13. <u>\$0.00</u>
14.	Charitable contributions and religious donations	14. <u>\$0.00</u>
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a.	Life insurance	15a. <u>\$300.00</u>
15b.	Health insurance	15b. <u>\$0.00</u>
15c.	Vehicle insurance	15c. <u>\$250.00</u>
15d.	Other insurance. Specify: _____	15d. <u>\$0.00</u>
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. <u>\$0.00</u>
17.	Installment or lease payments:	
17a.	Car payments for Vehicle 1	17a. <u>\$0.00</u>
17b.	Car payments for Vehicle 2	17b. <u>\$0.00</u>
17c.	Other. Specify: _____	17c. <u>\$0.00</u>
17d.	Other. Specify: _____	17d. <u>\$0.00</u>
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).	18. <u>\$0.00</u>
19.	Other payments you make to support others who do not live with you. Specify: _____	19. <u>\$0.00</u>
20.	Other real property expenses not included in lines 4 or 5 of this form or on <i>Schedule I: Your Income</i>.	
20a.	Mortgages on other property	20a. <u>\$0.00</u>
20b.	Real estate taxes	20b. <u>\$0.00</u>
20c.	Property, homeowner's, or renter's insurance	20c. <u>\$0.00</u>
20d.	Maintenance, repair, and upkeep expenses	20d. <u>\$0.00</u>
20e.	Homeowner's association or condominium dues	20e. <u>\$0.00</u>

21. Other. Specify: _____

21. + \$0.00

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$3,105.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$3,105.00

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$3,366.00

23b. Copy your monthly expenses from line 22c above.

23b. - \$3,105.00

23c. Subtract your monthly expenses from your monthly income.

The result is your monthly net income.

23c. \$261.00

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Fill in this information to identify your case:

Debtor 1	<u>Michele</u>	<u>Katrina</u>	<u>Banks</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Northern District of Texas</u>		
Case number (if known)	<u>25-40104-ELM-13</u>		

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new **Summary** and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets

Value of what you own

1. **Schedule A/B: Property** (Official Form 106A/B)

1a. Copy line 55, Total real estate, from <i>Schedule A/B</i>	<u>\$0.00</u>
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i>	<u>\$11,231.05</u>
1c. Copy line 63, Total of all property on <i>Schedule A/B</i>	<u>\$11,231.05</u>

Part 2: Summarize Your Liabilities

Your liabilities

Amount you owe

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 106D)

2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i>	<u>\$23,518.00</u>
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3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	<u>\$4,250.00</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	<u>+</u> <u>\$89,743.29</u>

Your total liabilities

\$117,511.29

Part 3: Summarize Your Income and Expenses

4. **Schedule I: Your Income** (Official Form 106I)

Copy your combined monthly income from line 12 of <i>Schedule I</i>	<u>\$3,366.00</u>
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5. **Schedule J: Your Expenses** (Official Form 106J)

Copy your monthly expenses from line 22c of <i>Schedule J</i>	<u>\$3,105.00</u>
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Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

☒ Yes

7. What kind of debt do you have?

☒ Your debts are primarily consumer debts. Consumer debts are those “incurred by an individual primarily for a personal, family, or household purpose.” 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

(\$412.33)

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim
From Part 4 on Schedule E/F, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	\$0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00
9d. Student loans. (Copy line 6f.)	\$44,274.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$0.00
9g. Total. Add lines 9a through 9f.	\$44,274.00

Fill in this information to identify your case:

Debtor 1	<u>Michele</u>	<u>Katrina</u>	<u>Banks</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Northern District of Texas</u>		
Case number (if known)	<u>25-40104-ELM-13</u>		

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)*.

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Michele Katrina Banks
Michele Katrina Banks, Debtor 1

Date 01/20/2025
MM/ DD/ YYYY